

ATTACHMENT 6

Optional School-Based Services Activity Logs

(Copies of the "Optional School-Based Services Activity Logs" are located on the following pages.)

**WISCONSIN MEDICAID
OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG
MEDICATION ADMINISTRATION**

Name — Student (Last, First, MI)

Name — School

Date of Service (MM/DD/YY)	Medication Name and Dose	Route	Time Administered (Time or Units)	Took Medication Without Difficulty? (Yes or No)	Notes (All Exceptions Must Be Noted)	Initials or Signature* (Of Person Who Administered Medication)

*Initials Key

Signatures — Corresponding Staff

Date Signed (MM/DD/YY)

Under Standards of Practice for Registered Nurses, ch. N 6.03, Wis. Admin. Code, only registered nurses (RNs) may delegate services to medically unlicensed individuals. For delegated nursing services under the school-based services benefit, the RN responsible for delegating the services must agree to the delegation of the service and is responsible for supervision of the delegatee.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing

HCF 1198 (Rev. 03/03)

STATE OF WISCONSIN

**WISCONSIN MEDICAID
OPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG
NURSING / THERAPY MEDICAL SERVICES**

Name — Student (Last, First, MI)			Name — School			
Date of Service (MM/DD/YY)	General Service Category	Unit of Service (Time or Units)	Group or Individual	Describe Specific Services Performed	Student's Response/ Progress	Initials or Signature* (Of Person Who Performed Service)

*Initials Key	Signatures — Corresponding Staff	Date Signed (MM/DD/YY)

Therapy services only:

A. Does the recipient have insurance?

☐ Yes ☐ No

(If yes, go to B. If no, stop.)

B. Is there an insurance exclusionary clause for all school-based services?

☐ Yes ☐ No

(If yes, insurance liability does not apply. If no or do not know, go to C.)

C. Check the option selected:

☐ Option 1: School assuming insurance liability. (Subtract the first occurring unit of occupational therapy [OT] [group or individual] and/or physical therapy [PT] [group or individual] during the calendar month from the monthly claim for services. Bill the remaining services to Wisconsin Medicaid. Do not indicate an "other insurance" disclaimer code in Element 9 of the CMS 1500 claim form.)

☐ Option 2: School seeking insurance payment for OT (group or individual) and/or PT (group or individual). Schools must have parental permission for this option.

☐ Option 3: School not seeking Medicaid payment for OT (group or individual) and/or PT (group or individual).